



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

TENNESSEE BOARD OF NURSING  
615-532-5166 or 1-800-778-4123

**FEES ARE NON REFUNDABLE**

**REGISTERED NURSE  
INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT**

**Please allow 4 to 6 weeks to process your application. If additional information is required you will be notified by mail. It is not necessary to call the board to check on the status of your application; go to: [tennessee.gov/health](http://tennessee.gov/health), click on Health Care Professionals and then click on verification.**

Licensure by endorsement in Tennessee is granted on an individual basis. With the exception of a person licensed during the initial waiver period in another U.S. jurisdiction (state), an applicant must be a graduate of an approved school of registered nursing and licensed by written examination.

- An applicant shall have general education equivalent to that required for Tennessee candidates for licensure by examination at the time the applicant was accepted for licensure in another jurisdiction. An applicant shall have graduated from an approved school of registered nursing.
- An applicant shall have substantially the same course of study as set by the Board for Tennessee schools of registered nursing at the time the applicant was accepted for licensure by examination in another jurisdiction.
- The Tennessee Board of Nursing accepts the State Board Test Pool Examination (SBTPE) or The National Council Licensure Examination (NCLEX-RN) provided scores are equal to or higher than the lowest passing scores required by this Board.

**Please read the following instructions carefully. Your answers will determine your eligibility for licensure.**

1. If you provide on your licensure application a Tennessee home address and declare Tennessee as your legal state of residence, you may be eligible for a multistate license which authorizes practice in all states that are part of the interstate nurse licensure compact.
2. If you provide a home address that is in a non-compact state and declare that non-compact state as your legal state of residence, you will only be eligible for a single state license that is valid only for practice in Tennessee.

(If you later move to Tennessee and provide the board with a Tennessee address through completion of a Primary State of Residence/PSOR form, you may be eligible for a multistate license.)

3. If you provide a home address from a compact state or declare your legal residence as another state that is part of the multistate compact, you are ineligible for a Tennessee license and your application will be placed on hold for up to one year until you meet one of the criteria above.

DEFINITION: "PRIMARY STATE OF RESIDENCE" means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return. **It is recommended that you begin the application process before moving to Tennessee.**

FOR A CURRENT LIST OF STATES IN THE COMPACT, CHECK THE FOLLOWING WEB SITE: [www.ncsbn.org](http://www.ncsbn.org) and follow the link to the Nurse Licensure Compact Map.

**To apply for licensure, submit the following:**

1. **APPLICATION.** Complete **all** sections. (Use your full legal name-no nicknames)
2. **LICENSURE FEE. \$115.00**  
Attach the correct fee in U.S. currency. **Check or money order must be made payable to the Tennessee Board of Nursing.**  
**FEES SUBMITTED TO THE BOARD ARE NOT REFUNDABLE**
3. **PHOTO**  
**Affix one (1) professional passport type photograph.**
  - a) Vending machines, snapshots, ID photographs, or paper photographs are not acceptable.
  - b) Straight on pose including head and shoulders.
  - c) Full legal name signature and date on front of photograph - signature must not conceal face, no “nicknames”.
  - d) Date the photograph was taken must be no more than six months prior to date of application.
4. **AFFIDAVIT**  
**Sign Affidavit at the bottom of page 3 in the presence of a Notary Public. (Use your full legal name)**
5. **EDUCATION**  
Attach a copy of your **nursing diploma** or **nursing transcript from the school of the initial licensure** (copies of internet transcripts are not accepted).  
  
**Foreign Internationally educated nurses should also include:**
  - a) **Copy of Certificate from Commission on Graduates of Foreign Nursing School (CGFNS) or**
  - b) **School transcript**
6. **VERIFICATION FORM**  
If you were originally licensed in one of the states listed on the NURSYS Website (<http://www.nursys.com>) use the Website for license verification.  
If you were originally licensed in one of the states not listed on NURSYS Website, mail the document entitled **REQUEST FOR VERIFICATION OF LICENSE TO THE STATE WHERE YOU WERE ORIGINALLY LICENSED.**
7. **CRIMINAL BACKGROUND CHECK**  
To obtain a criminal background check, see enclosed instructions or go to <http://health.state.tn.us/cbc/index.htm>.
8. **DECLARATION OF CITIZENSHIP**  
All applicants **must** complete the attached Declaration of Citizenship, **notarize and submit with a copy of required documentation.**  
(Example-current driver’s license, current passport, birth certificate, etc.)

If you change your name, you must submit a copy of the legal document that changed your name. Fax to (615) 741-7899.

If you change your address, it is your responsibility to notify this office.

**IT IS UNPROFESSIONAL CONDUCT TO PRACTICE NURSING IN THE STATE OF TENNESSEE WITHOUT A VALID ACTIVE REGISTERED NURSE LICENSE OR A MULTI-STATE LICENSE FROM ANOTHER COMPACT STATE.**

PHOTOGRAPH

PASSPORT TYPE

ATTACH PHOTOGRAPH HERE  
SIGNED AND DATED ON THE  
FRONT BY APPLICANT  
USING LEGAL SIGNATURE

Date taken must be no more than six  
months prior to application date

Tennessee Board of Nursing  
665 Mainstream Drive  
Nashville, TN 37243



1703 001 - \$105.00  
1703 006 - \$ 10.00  
\$115.00

**Application for Licensure as a Registered Professional Nurse by Endorsement**

HAVE YOU EVER BEEN LICENSED AS A REGISTERED NURSE IN TENNESSEE? ☐ YES ☐ NO  
IF YES, CONTACT THIS OFFICE. DO NOT COMPLETE THIS FORM.

**ALL FEES ARE NON REFUNDABLE**

TO BE COMPLETED IN INK BY APPLICANT **Print or Type** Please refer to instruction sheet when completing the application.

ALL QUESTIONS MUST BE COMPLETED. **Use legal full name**

1. Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

2. List any other names by  
which you have been known \_\_\_\_\_  
LAST FIRST MIDDLE

3. Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
HOME OFFICE  
Your social security number may be used to verify your identity and for any other purpose allowed by state or federal law.

4. U.S. Citizenship: ☐ Yes ☐ No All applicants **must** complete the attached Declaration of Citizenship.

5. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: ☐ Female ☐ Male  
City State

6. Ethnic Group: ☐ White ☐ Black ☐ Native American Indian ☐ Asian ☐ Hispanic ☐ Other, Specify \_\_\_\_\_

7. Mailing Address: \_\_\_\_\_  
(Street/PO Box/Route) (City/State/Zip)

Street Address: \_\_\_\_\_  
(required if Mailing Address is a PO Box) Street (City/State/Zip)

8. Do you wish to receive notification, including renewal notification, from the Department of Health via email? \_\_\_\_ Yes \_\_\_\_ No

Email Address: \_\_\_\_\_

**9. PRIMARY STATE OF RESIDENCE**

I declare that my primary state of residence is \_\_\_\_\_. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile. **The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return.**

**10. General Education:**

High School Graduate ☐ Yes ☐ No Date of Diploma \_\_\_\_\_  
G.E.D. Equivalency ☐ Yes ☐ No Date Test Administered \_\_\_\_\_

**11. Nursing Education: (initial licensure only)**

\_\_\_\_\_  
Name of College/University/School of Nursing Degree ☐ Associate ☐ Diploma  
Location \_\_\_\_\_ ☐ Baccalaureate ☐ Master  
CITY STATE  
Length of Program \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Completion Date \_\_\_\_\_

12. **Original Registered Nurse Licensure**

- 12.1 In what state were you originally licensed as a Registered Nurse?  
State \_\_\_\_\_ Date \_\_\_\_\_ License No. \_\_\_\_\_
- 12.2 How were you licensed in the original state of licensure? ☐ Examination ☐ Endorsement ☐ Waiver
- 12.3 Indicate all states where you have been licensed \_\_\_\_\_

13. Have you taken a national licensing examination? ☐ Yes ☐ No If **yes**, please indicate State \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year
- Some states offered either a state constructed examination for licensure or the national licensing examination. The national licensing examination was previously known as the State Board Test Pool Examination (**S.B.T.P.E.**) and is currently known as the National Council Licensure Examination (**NCLEX-RN**).

14. Have you ever been licensed in any other health care profession? ☐ YES ☐ NO If **yes**, please identify profession and state \_\_\_\_\_

15. **Disciplinary Action**

- 15.1 Have you ever been denied a nursing license or had any other professional license, certificate or privilege or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction? ☐ YES ☐ NO
- 15.2 If **yes**, please identify the state where the action was originally taken and provide a certified copy of the documentation that cleared the action. STATE \_\_\_\_\_ YEAR \_\_\_\_\_

16. Are you currently in good physical and mental health? (Include any physical or mental limitations) ☐ Yes ☐ No If **no**, please explain: \_\_\_\_\_

17. **Conviction of a Crime**

- 17.1 Have you ever been convicted of or pled guilty to a misdemeanor or felony other than a minor traffic violation? ☐ Yes ☐ No  
If **yes**, please submit a certified copy of the warrant and judgment or conviction papers and evidence of completion of fines, restitution, probation, and a self letter that describes circumstances that resulted in arrest and conviction.
- 17.2 If **yes**, specify date and type of conviction.  
Date \_\_\_\_\_ Type of Conviction \_\_\_\_\_  
Month/Day/Year

18. **List employment as a RN and/or APN during the last five years. THIS QUESTION MUST BE ANSWERED COMPLETELY.**

	Employer/ Agency	City and State	RN /APN Position Held	Employment Dates (Month/Year) Beginning/Ending
18.1	_____	_____	_____	_____
18.2	_____	_____	_____	_____
18.3	_____	_____	_____	_____
18.4	_____	_____	_____	_____
18.5	_____	_____	_____	_____

19. What is your anticipated nursing position in Tennessee? \_\_\_\_\_  
POSITION
- Name and complete mailing address of prospective employer (if known) \_\_\_\_\_

20. What is your activity (work) status in the nursing profession?  
(Working in this profession also includes teaching, administration and research). Check only one.

- |  |   |
|--|---|
| <input type="checkbox"/> = Working full time in Nursing (1)                | <input type="checkbox"/> = Not worked in Nursing for at least 2 years but less than 5 years (4) |
| <input type="checkbox"/> = Working part time in Nursing (2)                | <input type="checkbox"/> = Not worked in Nursing for 5 years or more (5)                        |
| <input type="checkbox"/> = Not worked in Nursing for less than 2 years (3) | <input type="checkbox"/> = Official Use Only (6)  |

21. Please indicate your major practice area in nursing: **Check Only One**
- |  |   |
|--|---|
| <input type="checkbox"/> = Community/Public Health (1)   | <input type="checkbox"/> = Emergency Service (9)            |
| <input type="checkbox"/> = General Practice (2)          | <input type="checkbox"/> = Case Management (11)             |
| <input type="checkbox"/> = Geriatric (3)                 | <input type="checkbox"/> = Primary Care (12)                |
| <input type="checkbox"/> = Obstetric/Gynecologic (4)     | <input type="checkbox"/> = Education (13)                   |
| <input type="checkbox"/> = Medical/Surgical (5)          | <input type="checkbox"/> = Administrative/Management (14)   |
| <input type="checkbox"/> = Pediatric (6)                 | <input type="checkbox"/> = Perioperative (15)               |
| <input type="checkbox"/> = Psychiatric/Mental Health (7) | <input type="checkbox"/> = Other, Please Specify (10) _____ |
| <input type="checkbox"/> = Critical/Intensive Care (8)   |   |
22. Please indicate your principal setting of Employment: **Check Only One**
- |   |   |
|---|---|
| <input type="checkbox"/> = Hospital/Medical Center (1)                                    | <input type="checkbox"/> = Industrial/Occupational (8)                |
| <input type="checkbox"/> = Ambulatory/Outpatient Clinic, Free Standing Surgery Center (2) | <input type="checkbox"/> = Community/Public Health (9)                |
| <input type="checkbox"/> = Office (Physician or Dentist) (3)                              | <input type="checkbox"/> = Hospice (13)                               |
| <input type="checkbox"/> = Nursing Home (4)   | <input type="checkbox"/> = School Nurse (11)                          |
| <input type="checkbox"/> = Home Health (5)  | <input type="checkbox"/> = School of Nursing/College/ University (12) |
| <input type="checkbox"/> = Private Duty (6)   | <input type="checkbox"/> = Assisted Living/Home for the Aged (15)     |
| <input type="checkbox"/> = Insurance (7)  | <input type="checkbox"/> = Other, Please specify (10) _____           |
23. Please indicate your current type of nursing position **Check Only One**
- |  |   |
|--|---|
| <input type="checkbox"/> = Administrator (1)                 | <input type="checkbox"/> = Nurse Practitioner (Certificate of Fitness to prescribe) (12)  |
| <input type="checkbox"/> = Consultant (2)                    | <input type="checkbox"/> = Clinical Specialist (8)  |
| <input type="checkbox"/> = Supervisor or Assistant (3)       | <input type="checkbox"/> = Clinical Specialist (Certificate of Fitness to prescribe) (13) |
| <input type="checkbox"/> = Instructor or Educator (4)        | <input type="checkbox"/> = Nurse Midwife (Certified) (10)                                 |
| <input type="checkbox"/> = Head Nurse or Assistant (5)       | <input type="checkbox"/> = Nurse Midwife (Certificate of Fitness to prescribe) (14)       |
| <input type="checkbox"/> = Staff or General Duty (6)         | <input type="checkbox"/> = Quality Assurance (15)   |
| <input type="checkbox"/> = Nurse Anesthetist (17)            | <input type="checkbox"/> = Case Manager (16)  |
| <input type="checkbox"/> = Nurse Anesthetist (Certified) (9) | <input type="checkbox"/> = Other, please specify (11) _____                               |
| <input type="checkbox"/> = Nurse Practitioner (7)            |   |
24. Please indicate your highest degree in nursing: **Check Only One**
- |  |   |
|--|---|
| <input type="checkbox"/> = Diploma (1)                     | <input type="checkbox"/> = Master's in Nursing (4)  |
| <input type="checkbox"/> = Associate degree in Nursing (2) | <input type="checkbox"/> = Doctorate in Nursing (5) |
| <input type="checkbox"/> = Bachelor's in Nursing (3)       |   |
25. Please indicate your highest degree in another field, if applicable: **Check Only One**
- |   |   |
|---|---|
| <input type="checkbox"/> = No Other Degree Held (6) | <input type="checkbox"/> = Master's (9)   |
| <input type="checkbox"/> = Associate (7)            | <input type="checkbox"/> = Doctorate (10) |
| <input type="checkbox"/> = Bachelor's (8)           |   |

## AFFIDAVIT

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, personally appearing before me, being duly sworn says that \_\_\_\_\_  
NAME OF APPLICANT he/she  
 is the person referred to in the foregoing application for a license to practice as a Registered Nurse in the State of Tennessee  
 that the statements therein contained are true and that \_\_\_\_\_ has read and understands this affidavit. **I understand**  
he/she  
**that if the processing of this application is not completed, the application becomes null and void one year from date received.** I also understand that falsification of an application is grounds for denial of licensure or discipline against a license.

Legal Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

Seal

Commission Expires \_\_\_\_\_

**FOR OFFICE USE ONLY**

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NAME \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP  
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) \_\_\_\_\_  
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: \_\_\_\_\_  
Last First Middle Maiden\_
2. Mailing Address: \_\_\_\_\_
3. Phone Number: Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_
4. I am a United States Citizen: \_\_\_\_Yes \_\_\_\_No
5. I am a foreign national not physically present in the United States \_\_\_\_Yes \_\_\_\_No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
  - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
  - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
  - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
  - d) A federally issued birth certificate.
  - e) A valid, unexpired U.S. passport.
  - f) A report of birth abroad of a U.S. citizen.
  - g) A certificate of citizenship.
  - h) A certificate of naturalization.
  - i) A U.S. citizen ID card.
  - j) Any successor document to #'s a-i above.
  - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
- a) Permanent Residents
  - b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
  - c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
  - d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
  - e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
  - f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
  - g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
  - h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status-- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_

**If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**





**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
665 Mainstream Drive  
Nashville, TN 37243  
[Tennessee.gov/health](http://Tennessee.gov/health)**

**NURSIS VERIFICATION INSTRUCTIONS**

1. Only boards of nursing within the United States have access to Nursis®. If you need verification of a license for a foreign country, please contact the TN Board of Nursing 615-532-5166.

If you do not need verification of a license from one of the states listed below use the form provided with the endorsement or on line packet.

2. If your original state of licensure was from one of the states listed below, go to <https://www.nursis.com> and follow the instructions there.

Alaska (AK)	Kentucky (KY)	New Jersey (NJ)	Utah (UT)
American Samoa (AS)	Louisiana (LA)-RN	New Mexico (NM)	Vermont (VT)
Arizona (AZ)	Maine (ME)	New York (NY)	Virginia (VA)
Arkansas (AR)	Maryland (MD)	North Carolina (NC)	Virgin Islands (VI)
Colorado (CO)	Massachusetts (MA)	North Dakota (ND)	Washington (WA)
Connecticut (CT)	Michigan (MI)	N. Mariana Islands(MP)	West Virginia(WV)PN
Delaware (DE)	Minnesota (MN)	Ohio (OH)	Wisconsin (WI)
District of Columbia (DC)	Mississippi (MS)	Oregon (OR)	Wyoming (WY)
Florida (FL)	Missouri (MO)	Rhode Island (RI)	
Guam (GU)	Montana (MT)	South Carolina (SC)	
Idaho (ID)	Nebraska (NE)	South Dakota (SD)	
Indiana (IN)	Nevada (NV)	Tennessee (TN)	
Iowa (IA)	New Hampshire (NH)	Texas (TX)	

3. The fee for on-line verification through Nursis is \$30. It is processed on-line through Nursis.
4. When the Tennessee Board of Nursing receives your Endorsement Application, the board will access Nursis to verify your original licensure in one of the states listed in number 2 above.
5. Nursis information is updated from the files of participating states. A nurse who recently received a license may have to wait until the next update before the information is available in Nursis.
6. If you have questions regarding the Nursis verification process, please contact the Nursis License Verification Department at (312) 525-3780 or toll free (866) 819-1700.
7. **ONLY** if your initial licensure was in a state **not listed in number 2 above**, use the form and verification instructions included with the on-line or paper endorsement packet. This form is sent to the **state of initial licensure**. Contact the initial state of licensure for information of their fees for verification. Fees need to be sent with the verification form.



**Tennessee Department of Health  
Health Related Boards  
Tennessee Board of Nursing  
665 Mainstream Drive  
Nashville, TN 37243**

**REQUEST FOR VERIFICATION OF LICENSE**

APPLICANT: Complete the top part of this page and forward it to the state in which you were ORIGINALLY licensed.

NAME: \_\_\_\_\_  
(last) (first) (middle) (maiden)

NAME WHEN ORIGINALLY LICENSED: \_\_\_\_\_  
(last) (first) (middle) (maiden)

ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

NURSING EDUCATION PROGRAM COMPLETED: \_\_\_\_\_

ORIGINAL LICENSE NUMBER: \_\_\_\_\_ ☐ R.N. ☐ L.P.N. DATE ISSUED: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ Board of Nursing to furnish to the Tennessee Board of  
(state to which sending form)  
Nursing the information requested below.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-FOR LICENSING AGENCY ONLY**

This is to certify that the above named was issued license number \_\_\_\_\_ to practice as a:

☐ Registered Nurse ☐ Licensed Practical Nurse on \_\_\_\_\_

Licensed by: ☐ Examination ☐ Endorsement ☐ Waiver ☐ Expiration date: \_\_\_\_\_

Current licensure status: Active Inactive Not Current

Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)?

Yes ☐ No ☐ If yes, please explain on reverse side.

**STATE BOARD TEST POOL EXAMINATION**

	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX RN	NCLEX LPN
Standard Scores Series/ Form	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

Nursing education program completed: \_\_\_\_\_  
(name)

Location: \_\_\_\_\_ Year of graduation \_\_\_\_\_  
(city) (state)

Was nursing education program approved by Board of Nursing at time of graduation? ☐ Yes ☐ No

SIGNED \_\_\_\_\_ SEAL STATE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

JH/G5022133/BN



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
Bureau of Health Licensure and Regulation  
Division of Health Related Boards  
665 Mainstream Drive  
Nashville, TN 37243  
[tennessee.gov/health](http://tennessee.gov/health)**

**INSTRUCTIONS FOR APPLICANTS FINGERPRINTING IN TENNESSEE**

**Applicants who do not live in Tennessee and not visiting Tennessee prior to licensure may call the Board at 615-532-5166 and request a fingerprint card and the instructions for processing.**

1. Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check. Electronic fingerprinting must be done through the State of Tennessee selected vendor, IdentoGO at an approved site in Tennessee.

2. There are **(2)** ways that applicants may register for the fingerprinting process:

**a) Call toll-free at (855) 226-2937;**

**b) Register online at [www.IdentoGO](http://www.IdentoGO) and click on the map of Tennessee. To begin registration, click Online Scheduling. Applicant may register, schedule, and make payment at this web site.**

Regardless of how an applicant registers, the following information must be provided and/or verified:

Agency Name	<b>Department of Health Licensure and Regulation</b>
Applicant Type	<b>Bureau of Health Licensure</b>
OCA#	<b>RN enter (1703) LPN enter (1704)</b>
Payment Type	<b>Applicant Credit Card/Applicant Money Order/or Cashier's Check</b>
ORI#	<b>TN 920390Z</b>

Online registration is preferred for ALL applicants to insure the quality of the data collected. Online registration is faster and may be completed 24 hours a day, 7 days a week.

Payment for electronic fingerprinting is **\$38.00**.

A money order or cashier's check made out to IdentoGO is accepted at the fingerprinting sites. **CASH and PERSONAL CHECKS** are **NOT** accepted.

3. Applicants must schedule an appointment to be fingerprinted at an IdentoGO site in Tennessee at the time of registration. Before registration is complete, applicants will be asked to check and confirm if information is correct and will need to print a copy of the registration completion page to take to the fingerprinting site.
4. The enrollment officer at the site will check your valid state or federal government issued photo identification, verify your information, verify or collect payment, capture your fingerprints, and submit your data to the Tennessee Bureau of Investigation (TBI).

\* If you are unable to keep your appointment or miss your appointment, you **MUST** contact IdentoGO; you may have to reregister and repay.

Electronic Fingerprints are normally received by the Tennessee Health Related Boards within 8-10 business days.

## INSTRUCTIONS FOR APPLICANTS FINGERPRINTING OUTSIDE OF TENNESSEE

### FINGERPRINT CARD INSTRUCTIONS (PLEASE DO NOT FOLD THE FINGERPRINT CARD)

1. Fill out the fingerprint card in its entirety, boxes concerning **date of birth, place of birth, sex, race, height, weight, eyes and hair** must be filled in.
2. Take the finger print card to your local Sheriff or Police department to have fingerprinting done.
3. The boxes asking for the employer and address, reason for the fingerprinting, OCA number should already be labeled; however, if they are not entered, place the information given at the bottom of this page in those boxes.
4. Register on-line, [www.identogo.com](http://www.identogo.com) or call toll free 855-226-2937. If registering on-line, during the registration process applicants should select **"Pay for Ink Card Submission,"** on the Appointment Details page and follow the instructions. This will identify IdentoGO that a hard card will be mailed to them for conversion to an electronic fingerprint record which will then be submitted to the Tennessee Bureau of Investigation.
5. Applicants must complete the entire registration process; a confirmation number will be supplied at the end of the registration process. This number must be retained by the applicant for tracking purposes. **This confirmation number must be recorded on a separate piece of paper, along with two contact phone numbers and submitted with the fingerprint card when it is submitted to IdentoGO for processing.**

Once you have had your fingerprints completed and are registered, **if you have not paid by credit card during the registration process**, please send the card with a **money order** payment of \$38.00 to the address given below. Money order should be made out to IdentoGO by Morpho Trust and must include the applicant's full name. **Personal checks are not accepted:**

IdentoGO by Morpho Trust  
Tennessee Card Scan Processing  
3051 Hollis Drive, Suite 300  
Springfield, IL 62704

(For tracking and security reasons, it is recommended that a shipping service with tracking be utilized when sending your card. Please include at least two (2) means of contact information for the applicant. Examples: daytime phone, cell phone, etc. You may verify receipt of your card by IdentoGO after three (3) days of shipping your card by calling 855-226-2937 and speaking with a customer service agent.)

6. Your fingerprint card will be processed and sent to the TBI and FBI for reading and reporting. This process will take approximately 7-10 days once IdentoGO has received the card. If your fingerprints are rejected the first time, you will be notified and given specific instructions on how to complete this process for a second time. You will not be charged for a second fingerprint card process.
7. Your background check report will be forwarded to the Tennessee Board you are applying to.

### ADDITIONAL INFORMATION

<b>Employer</b>	<b>TN Health Related Boards</b>	<b>REASON:</b>	<b>BH-Dept. of Health</b>
<b>Address:</b>	<b>665 Mainstream Drive</b>		<b>T.C.A. 63-1-116</b>
	<b>Nashville, TN 37243</b>		

**ORI# TN920390Z**

**OCA#:**                **RN 1703        LPN 1704**

**FAILURE TO COMPLETE THE PROCESS AS STATED ON THESE INSTRUCTIONS WILL RESULT IN THE CARD BEING RETURNED TO THE APPLICANT, WHICH WILL DELAY THE PROCESS**